



CABINET FOR HEALTH AND FAMILY SERVICES
COMMONWEALTH OF KENTUCKY
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FRANKFORT, KY 40621-0001
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ERNIE FLETCHER
GOVERNOR

JAMES W. HOLSINGER, JR., MD.
SECRETARY

January 26, 2004

EPSDT Special Services
Transmittal #A-13

Dear Provider:

Revisions to the Physicians' Services regulation are effective January 2, 2004. The revisions allow coverage for allergy vials and injections for children under age 21 through the Medicaid Physicians' Program. Therefore, effective January 2, 2004, allergy vials and allergy injections will no longer be covered through the EPSDT Special Services Program.

Prior authorization is still required. If you are requesting authorization for allergy services for dates of service on or after January 2, 2004, requests should be made to National Health Services at 800-292-2392, Option 7. Although the process will be similar to the process for EPSDT Special Services, there may be differences in the prior authorization process and coverage. The procedure codes that will be used are:

- 95115 – Professional service, one injection
- 95117 – Professional service, more than one injection
- 95144 – Preparation of antigen single dose vial
- 95145 – Preparation of antigen for insect venom
- 95165 – Preparation of antigen for immunotherapy, per dose
- 95170 – Preparation of whole body extract insect, per dose

Reimbursement rates will be based on the rate on file under the Kentucky Medicaid Physicians' Services Program. Prior authorizations will be issued for one year at a time. Face to face contact with the physician on each service is required for reimbursement through the Physicians' Program.

- 95180 – Desensitization procedure

In order to facilitate an easier transition, authorizations that have already been issued through EPSDT Special Services will be end-dated as of March 31, 2004. If you have an existing prior authorization, you may bill for services provided for dates of service on or before March 31, 2004 under the existing prior authorization number. It will be your responsibility to request new prior authorizations through the Physicians' Program for dates of service on or after April 1, 2004.

Based on this policy revision, allergy services will now be covered for KCHIP separate insurance program children (those with the purple card).

Please keep in mind, that even if services are prior authorized, payment will only be made for eligible recipients. You must always see a copy of the Medicaid or KCHIP card to verify that the recipient is eligible on the date of service.

If you have questions regarding this policy revision or coverage changes, please contact the Kentucky Medicaid Physicians' Services Program at (502) 564-3477.

Sincerely,

A handwritten signature in cursive script, reading "James W. Holsinger, Jr.", in dark ink.

James W. Holsinger, Jr., M.D.
Secretary